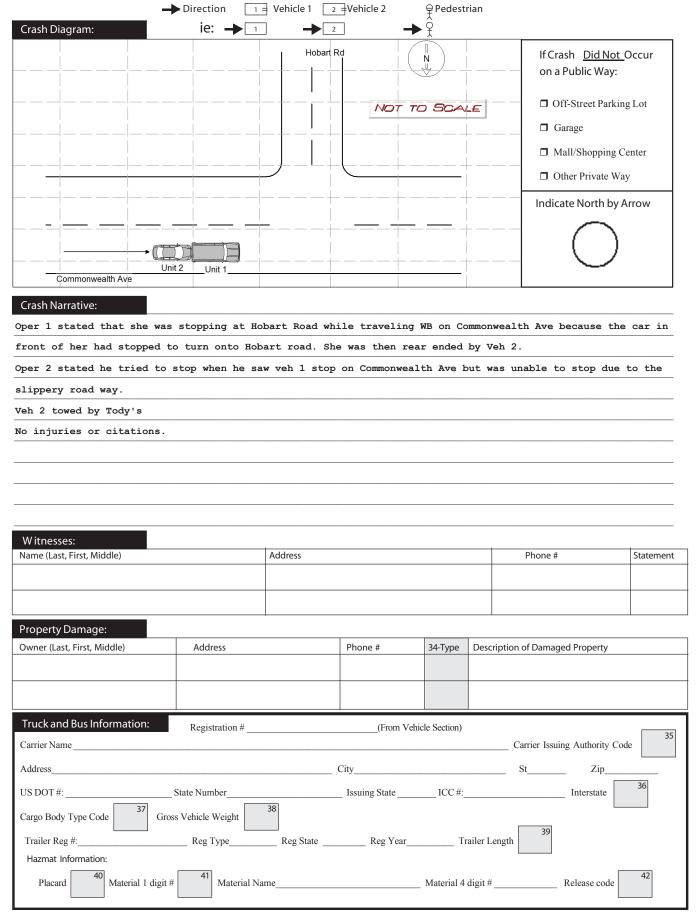
	Poli	ice Use Only		Commonwea	lth o	of Mass	achı	ısett	S		RM	V Docui	ment Number			
	Date of Crash 01/24/2022	Time of Crash 07:56 24HR	NEWTON	MIOTOI		icle Cra Report	ash	Numbe Vehicle 2		red La	eed Lim		State Police Local Police MBTA Police Other:	XI XI		
							LOCATION >				NOT AT INTERSECTION:					
	WES <sup>*</sup>	т сомм	IONWEALTH A	/E										2		
<b>1</b>	Route# Direc			Roadway/Street		Route# Directi	on Ac	ldress #		N	Name of I	Roadway	//Street			
1		At HOBART RD				Feet NSEW of or								$- \frac{2}{ }$		
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number										
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street										
2 <b>1</b>	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3						Landmark										
	XVehicle1	#Occupants	Hit/Run	Moped Case	Number		2:	2000067						_		
	License# St MA DOB/Age					Reg # 55877 Reg Type PAR Reg State MA										
	Sex_F_ Lic. Class D 18 18 Lic. Restrictions 1 19 CDL					Veh Year 2015 Veh Make JEEP Veh Config. 20										
4 1	Operator CAN	Operator CAMPBELL JILLIAN Endorsment LEIGH  Last First Middle					Owner CAMPBELL JANET L									
	Address 63 FAIRBANKS AVE				Address 63 FAIRBANKS AVE											
	City WELLESLEY State MA Zip 02481					City WELLESLEY State MA Zip 02481										
[ <del>_</del>	Insurance Company AMICA					Vehicle Action Prior to Crash  2  Damaged Area Code: (Circle Up to Three)										
5	Vehicle Travel	Direction: N	S E X Res	onding to Emergency?_N	Event	Sequence 1	22 23		22	2	3		10 Un donor	mio a a		
	Citation # (If I	·			Most I	Harmful Event	1	24	24	1	9		10 Undercar 11 Totaled	Tiage		
<sup>6</sup> <b>4</b>	1			2: ChSec	Driver	Contributing C	ode 25			8	/ /		<b>6</b>			
4	Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override Towed N										
	Name (Last First Middle) Address					Age/DOB	Sex	Seat Safet Pos. Syste	y Airbag a m Status	Airbag Ej	30 31 ect Trap ode Code	32 Injury Tr Status C	33 ransp. ode Medical Faci	lity 1		
	Operator			See Above				99	4	4 0	0	10 1	l l			
<sup>7</sup> <b>3</b>	Please Select One of the Following: Vehicle 2 1_#Occupants Non-Motorist A			ts Non-Motorist A Typ	pe 1	4 Action	Loc	ation	16 Co	ondition	17	Πн	it/Run Mo	ped		
	License# St MA DOB/Age					Reg #         2YYN45         Reg Type         PAN         Reg State         MA							State MA	_		
	Sex_M_ Lic. Class D 18 18 Lic. Restrictions D 19 CDL_Endorsment					Veh Year 2007 Veh Make TOYOTA Veh Config. 1										
8 <b>1</b>	Operator Last First Middle					Owner (Same as operator)  Last First Middle										
	Address 1961 COMMONWEALTH AVE (apt. B3)					SS								_		
	City_BOSTON State_MA Zip_02135					City State Zip										
	Insurance Company ARBELLA					Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)										
	Vehicle Travel Direction: NSEM Responding to Emergency? N					Event Sequence 1 22 22 22 22 22 3 4										
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercard 5 11 Totaled							nage						
		on 1: ChSec Violation 2: ChSec Driver Contributing Code 7								6						
	Violation 3: ChSec Violation 4: ChSec  Please fill out for operator and all occupants involved					ride/Override		Tow	ed <u>Y</u>		30   31	32	33			
	Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 2' Seat Safet Pos. Sys	y Airbag em Status	29 Airbag Ej Switch C	30 31 Frap ode Code	Injury I'r	ransp. Code Medical Fac	ility		
	Operator/	Non-Motorist		See Above				99	4	4 0	0	10 1	l			



MICHAEL D BOUDREAU 01/24/2022 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge# Department Precinct/Barracks Date